

# MEMORANDUM

Agenda Item No. 3(A)(2)

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**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

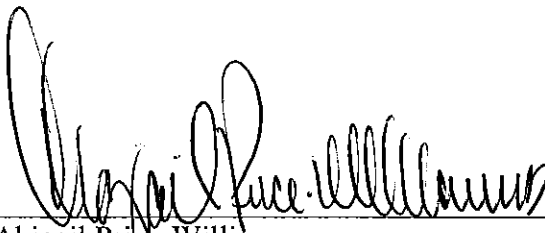
**DATE:** November 3, 2015

**FROM:** Abigail Price-Williams  
County Attorney

**SUBJECT:** Resolution authorizing up to  
\$5,000.00 cash allocation to the  
Miami Beach Bowl, LLC to be  
funded from the balance of the  
District 5 FY 2014-15 In-Kind  
Reserve Fund

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Bruno A. Barreiro.

  
Abigail Price-Williams  
County Attorney

APW/smm



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** November 3, 2015

**FROM:** Abigail Price-Williams  
County Attorney

**SUBJECT:** Agenda Item No. 3(A)(2)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Statement of social equity required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's \_\_\_\_, 3/5's \_\_\_\_, unanimous \_\_\_\_ ) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 3(A)(2)  
11-3-15

RESOLUTION NO. \_\_\_\_\_

RESOLUTION AUTHORIZING UP TO \$5,000.00 CASH  
ALLOCATION TO THE MIAMI BEACH BOWL, LLC TO BE  
FUNDED FROM THE BALANCE OF THE DISTRICT 5 FY  
2014-15 IN-KIND RESERVE FUND

**WHEREAS**, the Miami Beach Bowl, LLC has requested a cash allocation for the  
“Miami Beach Bowl”; and

**WHEREAS**, the “Miami Beach Bowl” is a NCAA college football postseason game  
under the ownership of the American Athletic Conference; and

**WHEREAS**, the five day bowl week consists of events held throughout Miami-Dade  
County; and

**WHEREAS**, both teams invited to play in the “Miami Beach Bowl” are contracted to  
purchase 17,000 tickets which will result in an increase in visitors to Miami-Dade County and  
provide a significant economic impact to the area; and

**WHEREAS**, the “Miami Beach Bowl” event will be held on December 21, 2015, and  
\$5,000.00 of the cash donation shall be funded from District 5 FY 2014-15 In-Kind Reserve  
funds,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY  
COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board authorizes a  
\$5,000.00 cash allocation to the Miami Beach Bowl, LLC for the December 21, 2015 “Miami  
Beach Bowl” to be funded from the balance of the District 5 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Bruno A. Barreiro. It was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 3<sup>rd</sup> day of November, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY  
ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management  
111 N.W. 1st Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district (Complete questions 1-7, sign and date.)
- ☐ Special Event\* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☒ Major Event\* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

\*\*Note: Event budget must be included for "Special" and "Major" event types.\*\*

Commissioner sponsoring event Bruno Barreiro

1. Full legal name of the requesting organization: Miami Beach Bowl

2. Applicant Status: (Select one of the choices below)

- ☐ Not-For-Profit or Tax Exempt
- ☒ For-Profit
- ☐ Local Government or Public Entity
- ☐ Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): \_\_\_\_\_

Blake Guthrie, Assistant Executive Director, 501  
Martins Way Miami, FL 33125 (o) 305-480-1573  
(c) 305-328-9006 bguthrie @miami-beachbowl.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The Miami Beach Bowl  
is requesting \$5,000 from Miami-Dade county  
to offset the costs of police escorts for the teams  
(\$15,000) and police and county services on game  
day (\$15,000). The Miami Beach Bowl will provide  
the county with \$5,000 in sponsorship inventory  
in return.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): \_\_\_\_\_

The Miami Beach Bowl is a second year post season, NCAA college football game under the ownership of the American Athletic Conference. The game will take place at Marlins Park on December 21st, and the five day bowl week schedule consists of events throughout the county.

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy  
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits  
☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community  
☐ Arts and Culture: Event supports music, theatre, literature, art or culture  
☐ Environmental: Event benefits environmental concerns or promotes conservation  
☒ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): All Miami Beach Bowl events will take place within District 5. An event schedule with locations is attached.

8. Description of regional or local impact: Both teams, one from Conference USA and one from the American Athletic Conference, are contracted to buy 17,000 tickets, resulting in an increase in visitor room nights and tax money collected in a relatively slow week of the year.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): \_\_\_\_\_

The bowl week schedule is attached

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):

Detailed event venue information for all  
Bowl related activities are included in the  
attached schedule of events.

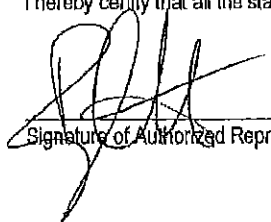
11. Expected number of participants and estimated attendance (per day, if applicable):

The Miami Beach  
Bowl anticipates 600 participants, 17,000 out of town  
visitors and 8,000 local attendees

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):

A detailed budget is attached.

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative

8/20/15  
Date

CASH EXPENSES		ACTUAL	IN KIND	CASH REVENUE	SECURED	ANTICIPATED
PERSONNEL TOTAL (ADMINISTRATIVE + ARTISTIC + TECHNICAL)		300,000		ADMISSIONS	600,000	50,000
EXECUTIVE DIRECTOR	150000			VENDORS		7,500
ASSISTANT EXECUTIVE DIRECTOR	110000			CONTRACTED SERVICES	356,000	
Hired SERVICES	40000			PRIVATE CONTRIBUTIONS		
OTHER ARTISTIC FEES		90,000		CORPORATE SUPPORT	55,000	695,000
				1. Title/National Sales		
				2. Local Sponsors		
MARKETING TOTAL (FEES + PRINT + DESIGN)		39,000		FEDERAL GRANTS		
FEES	25,000			1.		
PRINT	10,000			2.		
DESIGN	4,000			STATE GRANTS		
ADVERTISING TOTAL (PRINT + DESIGN)		22,500		1.		
PRINT	15,000			2.		
DESIGN	7,500			LOCAL GRANTS		
PUBLIC RELATIONS (FEES + PRESS MATERIALS)		20,000		1. City of Miami Beach monies		
FEES	15,000			2. Miami Dade TDC		10,000
PRESS MATERIALS	5,000			3.		
POSTAGE/COURIER		2,500		FOUNDATION GRANTS		
TRAVEL		28,000		1.		
EQUIPMENT RENTAL/TEAM EXPENSES		250,000	30,000	2.		
SPACE RENTAL		395,000		OTHER REVENUES		
CITY SERVICES		20,000		1. American Athletic Conference	259,500	
INSURANCE/GAME OPS COSTS		100,000		2.		
SUPPLIES/MATERIALS				3.		
OTHER EXPENSES (ITEMIZE BELOW):				CASH ON HAND		
Audit/Fees/Credit/Dues		28,500		AMOUNT REQUESTED (MBVCA REQUEST)		40,000
Website/Logo		7,500				
Exec. Comm/Sponsor/Charitable Costs		25,000				
Officials/Team Payouts		745,000				

**Total Expenses:**

**2,073,000**    **30,000**

**Total Revenues:**

**1,270,500**    **802,500**

**Total Secured + Anticipated Revenues**

**2,073,000**



### **Miami Beach Bowl Schedule of Events**

Thursday, December 10:

**Team Announcement Press Conference, 12:00 pm**

**Location:** TBD

Thursday, December 17:

***Beach Bowl Welcome Bash & BBQ, 4:30 - 7:00 pm***

***Loews Miami Beach Hotel\****

Friday, December 18:

***Miami Heat Game or TBD***

Saturday, December 19:

**Team Community Service Project, 10:00 am**

**Location:** TBD

*Beach Bowl Battle of the Bands, Pep Rally*

**12:00 - 3:30 pm- Fan Activities**

**3:30 - 5:30 pm- Band Battle**

### *Eden Roc Miami Beach*

***South Beach Solree VIP Party, 8:00 - 11:00 pm***

**The SKYDECK®**

Sunday, December 20:

***Marching Band Camp, TBD***

*FIU*

***Lady's Day Sailing Excursion, 10:30 - 2:00 pm***

**Caribbean Spirit\***

*Kid's Day Out, 10:00 - 2:30pm*

***Miami Children's Museum\****

***Commissioner's Dinner, 7:00 pm***

**Location:** TBD\*

Monday, December 21:

***Miami Beach Bowl Fan Fest, 10:30 am - 2:30 pm***

**Marlins Park West Plaza**

***Miami Beach Bowl, 2:30 pm***

**Marlins Park\***

### Post-Game Party

*Marlins Park, Cleveland*

*\* = Invite or ticket needed for entry*

**Application for Allocation of  
Community-based Organization (CBO) District Discretionary Reserve and Office Funds**

(Application must include completed W-9 Form attached)

8/18/2015  
Date

5  
Commission District

46-4681524  
Organization Tax ID:

MIAMI BEACH BOWL, LLC  
Legal Name of Recipient Organization or Name of County Department

2015 MIAMI BEACH BOWL Police Escorts + County Services  
Program to be funded/reason for funding support

Amount Requested \$ 5,000

**Organization Information:**

Contact Person(s): BLAKE GUTHRIE

Telephone Number(s): 305-323-9006 Fax Number: \_\_\_\_\_

Address: 501 MARLINS WAY

City: MIAMI Zip Code: 33125

e-mail address (if available): bguthrie@miamibeachbowl.com

Event Date or Date Work is scheduled for completion: December 21, 2015

By the acceptance of these Discretionary Reserve/Office funds, the recipient organization agrees to provide the services described on this allocation application form. The recipient organization states that it has read the conditions and terms on the back of this form and agrees to comply with these.

Attest: [Signature]  
Recipient Organization Secretary

By: [Signature]  
Signature of President or Vice President

CARLOS PADILLA II 8/18/2015  
Type or Print Name Date

Attest: MIAMI BEACH BOWL  
Recipient Organization

(SEAL)

Amount Allocated \$ \_\_\_\_\_ at the \_\_\_\_\_ BCC Meeting

Commissioner's Signature and Approval

Attest: Harvey Ruvin, Clerk

Date Approved

Miami-Dade County, Florida

By: \_\_\_\_\_  
Deputy Clerk

Circle One :      Hold Check for pick-up      Mail Check to Organization

Special Instructions: \_\_\_\_\_

**For Finance Department Use**

Date Received by Finance: \_\_\_\_\_ Check No. Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_

All checks are to be picked up by Barbara Galvez, OSBM Budget Analyst (305) 375-5302.

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**MIAMI BEACH BOWL, LLC**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **\_\_\_\_\_**  
☐ Other (see instructions) **\_\_\_\_\_**

Exemptions (see instructions):  
Exempt payee code (if any) **\_\_\_\_\_**  
Exemption from FATCA reporting code (if any) **\_\_\_\_\_**

Address (number, street, and apt. or suite no.)  
**15 Park Row West, 3rd Floor**

City, state, and ZIP code  
**Providence, RI 02903**

List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number									
4	6		4	6	8	1	5	2	4

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person  Date **10.7.14**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

# Memorandum



**Date:** November 3, 2015

**To:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**From:** Carlos A. Gimenez  
Mayor

A handwritten signature in black ink, appearing to read "Gimenez", written over a horizontal line.

**Subject:** District Specific In-Kind Request

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A cash allocation for in-kind services is being requested by the Miami Beach Bowl, LLC, for the "Miami Beach Bowl," which will be held on December 21, 2015.

In-kind services have been requested through a cash allocation up to an amount not to exceed \$5,000.00 for the event. This event will be funded from the balance of District 5 FY 2014-15 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Marquez", written over a horizontal line.

Edward Marquez  
Deputy Mayor

Inkind01541